

SCREENING & ASSESSMENT

RISK | NEED | RESPONSIVITY

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**How can we build a justice system
deflecting people out of the system
(asap) while directing
individualized resources to those
(with the greatest need) who
continue through it?**

Risk | Need | Responsivity

TOGETHER, WE'RE GOING TO:

Define RNR

Layer RNR onto the justice system

**Review how you do this work already, and
where to maximize the framework!**

RNR Framework

RISK

NEED

RESPONSIVITY

WHO WE
SHOULD
FOCUS ON

WHAT ASPECTS
OR DYNAMIC
INDICATORS
WE SHOULD
FOCUS ON

HOW WE ENGAGE
THE INDIVIDUAL

SHORT TERM OUTCOMES

Increased attendance
Increased participation
Increased abstinence from substances

LONG TERM OUTCOMES (4 Rs)

Reduce revocation
Reduce re-arrest
Reduce re-conviction
Reduce re-incarceration

Risk | Need | Responsivity...

Is NOT a singular practice or ‘thing’

Principles are not siloed; they’re interrelated

Effectiveness is minimized by using only one principle or using RNR only in one part of the system

Justice System



RNR AS A GROUNDING PHILOSOPHY

Informing the programs/practices selected throughout the system

Let's 'DEFINE IT' more

WHO WE SHOULD FOCUS ON

We (typically) use **STATIC** risk to figure out the “who”

STATIC RISK

Things that **CAN'T** change

AGE AT FIRST ARREST

CURRENT AGE

NUMBER OF PRIOR CONVICTIONS

NUMBER OF PRIOR INCARCERATIONS

HISTORY OF NON-COMPLIANCE

HISTORY OF FTA

RISK

STATIC RISK

Things that **CAN'T** change

AGE AT FIRST ARREST

CURRENT AGE

NUMBER OF PRIOR CONVICTIONS

NUMBER OF PRIOR INCARCERATIONS

HISTORY OF NON-COMPLIANCE

HISTORY OF FTA

NOT TO BE CONFUSED BY



DYNAMIC RISK (AKA 'NEED')

Things that **CAN** change

ATTITUDES

PEERS

EDUCATION

EMPLOYMENT

HOUSING STABILITY

SUBSTANCE USE

SYMPTOMATIC MH

SOCIAL SUPPORT

SOCIAL DETERMINANTS OF HEALTH

Economic Stability	Neighborhood	Education	Food	Community & Social	NOT COVERED
Employment Income Expenses Debt Medical Bills Support	Housing Transportation Safety Parks Playgrounds Walkability Zipcode/geo	Literacy Language Early edu Vocat. Ed Higher Ed	Hunger Access to Healthy options	Social integration Support system Community engagement Discrim. Stress	Anti-social behaviors Antisocial personality Criminal Thinking Substance Use

WHAT ASPECTS/DYNAMIC INDICATORS WE 'NEED' TO FOCUS ON **THE CENTRAL EIGHT**

ANTISOCIAL BEHAVIOR
ANTISOCIAL PERSONALITY
ANTISOCIAL ASSOCIATES
CRIMINAL THINKING
FAMILY/MARTIAL
LEISURE/RECREATION
SUBSTANCE USE
EMPLOYMENT/EDUCATION



THE BIG FOUR

NEED



I UNDERSTAND THIS, AND IT SOUNDS GOOD. BUT LOOK, I SEE PEOPLE WHO ARE LOW RISK AND THEY HAVE SERIOUS SEXUAL CHARGES. OR, THEY ARE LOW RISK AND THEY HAVE SERIOUS SUBSTANCE USE. HOW CAN THESE FOLKS BE LOW RISK?



NEED

STATIC RISK SCORE

Things that **CAN'T** change

NEED* SCORE

Things that **CAN** change

LOW RISK | HIGH NEED →

**“They aren’t
LOW RISK!”**

Doesn’t have a long history of justice involvement, committed crime late in life, few or no juvenile arrests. No previous non-compliance or no previous FTA.

Does not have HS/GED education, no stable address, history of substance use and likely currently using, social and family networks with justice involved individuals, little access to resources.

NEED

NEED* SCORE

Things that **CAN** change

LOW RISK LOW NEED	LOW RISK MEDIUM NEED	LOW RISK HIGH NEED
MED RISK LOW NEED	MEDIUM RISK MEDIUM NEED	MEDIUM RISK HIGH NEED
HIGH RISK LOW NEED	HIGH RISK MEDIUM NEED	HIGH RISK HIGH NEED

STATIC RISK SCORE

Things that **CAN'T** change

NEED

HOW WE ENGAGE THE INDIVIDUAL

Thinking about the individual:

NEED PROFILE

AGE

GENDER & GENDER IDENTITY

PREFERENCE FOR GROUP OR INDIVIDUAL
TREATMENT

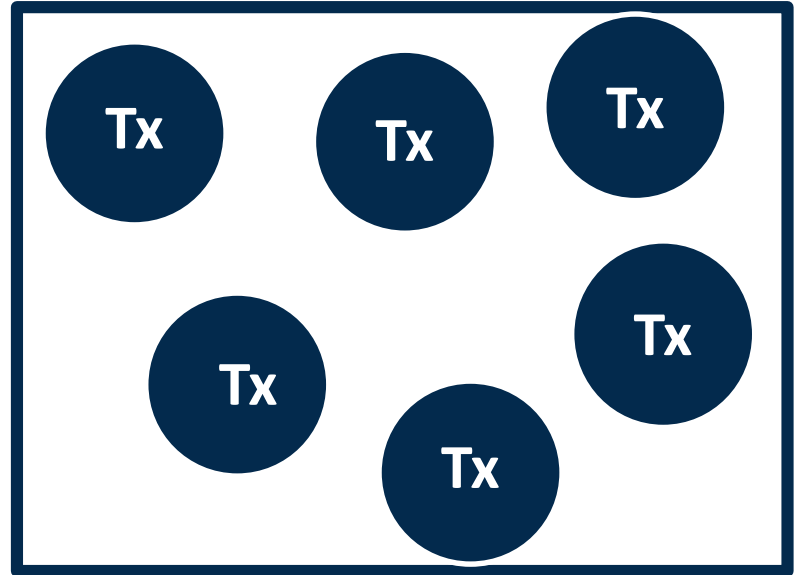
CO-OCCURRING CONDITIONS (SUD/MH)

CULTURAL/ETHNIC BACKGROUND

TRAUMA

Childhood/Specific Event/Incarceration

Deflecting, diverting, referring to:



RESPONSIBILITY

Person who is JI & Med/High Risk

Deflecting, diverting, referring

NEED PROFILE

AGE

GENDER & GENDER IDENTITY

PREFERENCE FOR GROUP OR INDIVIDUAL

TREATMENT

CO-OCCURRING CONDITIONS (S

CULTURAL/ETHNIC BACKGROU

TRAUMA

Childhood/Specific Event/Incarceration

MATCH-MAKING PROCESS!



RESPONSIVITY

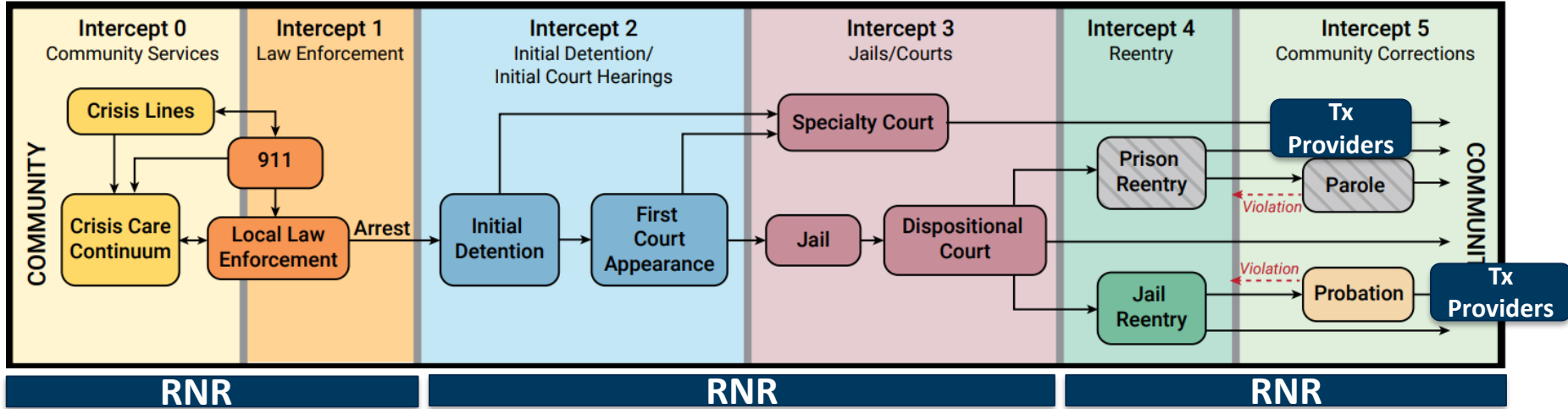
Layers onto the Justice System

Justice System



RNR AS A GROUNDING PHILOSOPHY

Informing the programs/practices selected throughout the system

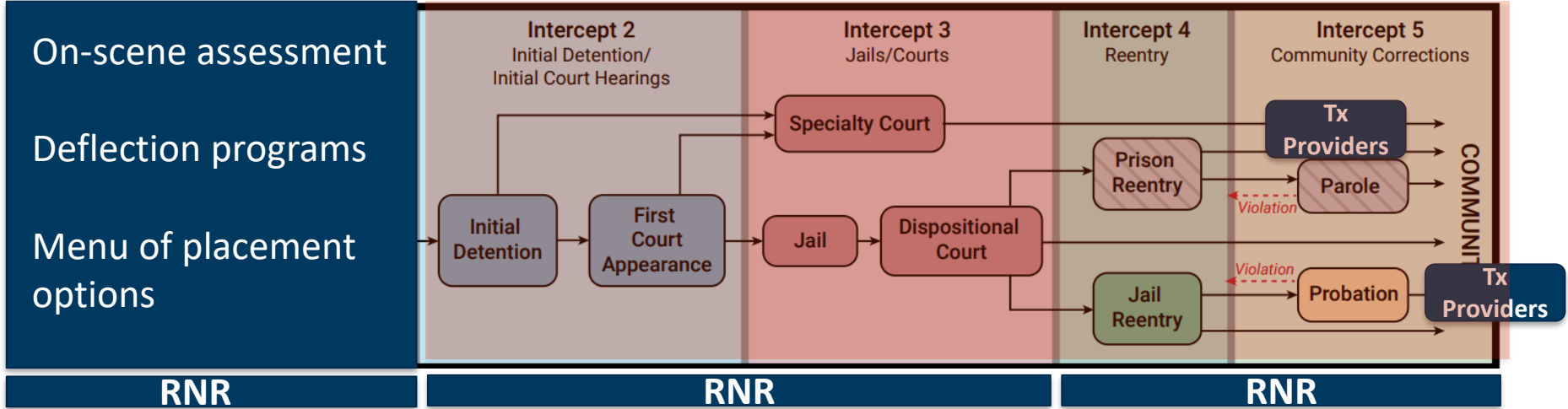


RNR AS A FOUNDING PHILOSOPHY

Informing the programs/practices selected throughout the system

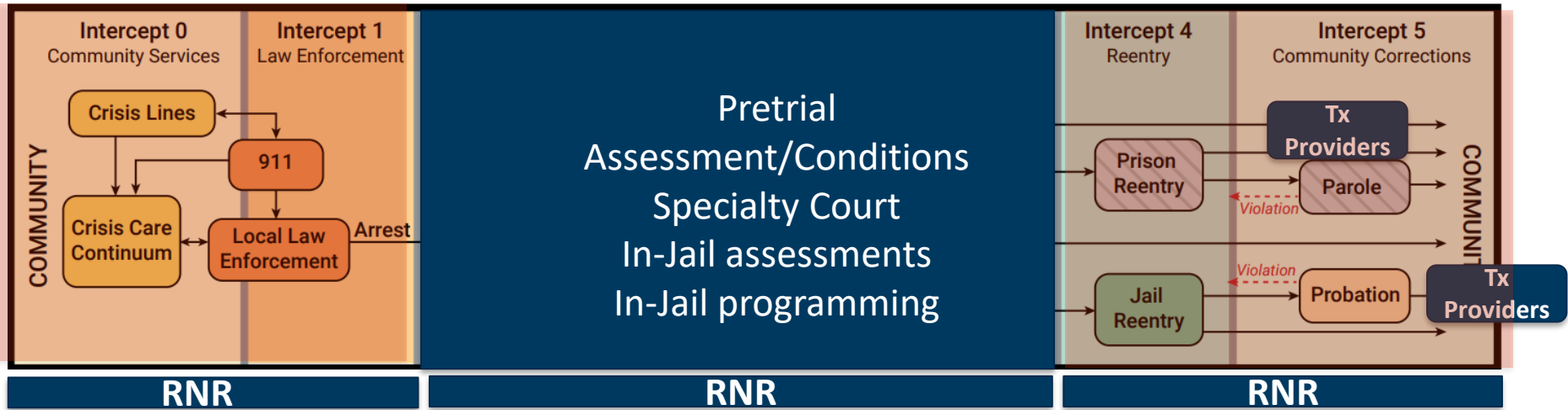
How you do this already!

& WHERE TO MAXIMIZE!



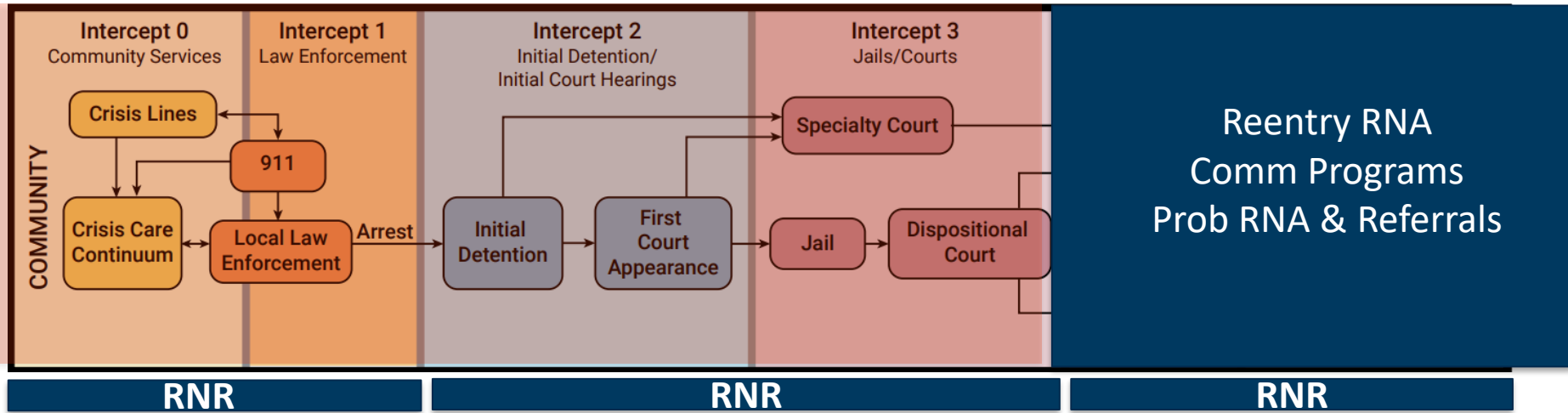
GROUNDING PHILOSOPHY

Informing the programs/practices selected throughout the system



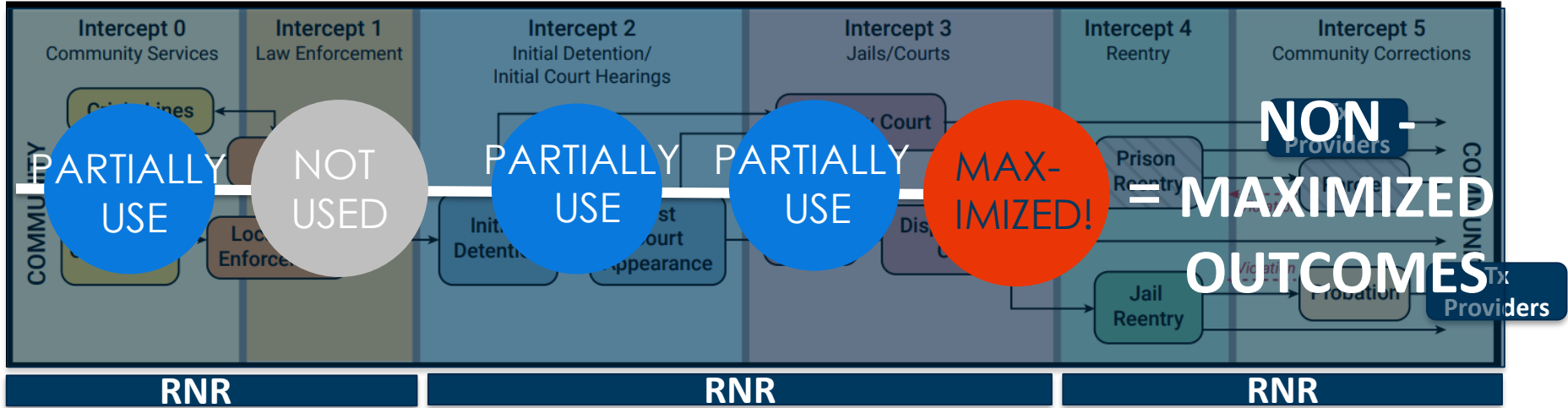
GROUNDING PHILOSOPHY

Informing the programs/practices selected throughout the system



GROUNDING PHILOSOPHY

Informing the programs/practices selected throughout the system



GROUNDING PHILOSOPHY

Informing the programs/practices selected throughout the system

Take Home Points

RNR can guide every individual part of the justice system, and can inform inside each intercept

If we only use the principles at some parts of the system and not others, we are not maximizing the principles

The importance of clarifying language, especially how we use the term “**RISK**.”

When we use the term “**RISK**” we likely mean “**NEED**.” And, when we don’t we should say “static risk.”

Needs are things we **CAN CHANGE**. We need to work with clients to help them tackle the things they can change.

Individuals can be low risk, but high need. Evidence shows we want need to focus on these individuals, too (Taxman & Caudy, 2015).

A strict static risk referral process (one that doesn't consider an individual's need profile) will systematically **NOT** capture individuals we need to engage. This is why we must consider both the RISK and NEED scores, together.

The **ART** of this work happens when staff rely on their professional judgment to help select “Needs” to focus on, and how to engage individuals.